

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4						
5						
6						
7						
8		1				
9						
10						
11		1				
12						
13		1				
14						
15		1				
16						
17						
18		1				
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46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	20	↔	↔	↔	↔	↔
TOTAL CLAIMS	21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
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95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS